Comments and Responses to the CAP-MR/DD Utilization Review Criteria
March 14, 2005

Comment	Response
I heard that the State is going to use the UR tool to cut services on July 1, 2005. Why is this happening? Is the purpose to save money to help with the State's budget deficit?	The purpose of the UR tool is to ensure that services authorized in a Plan of Care meet the needs of the individual based on the person centered planning process. It most definitely is not a means of cutting services or saving money. Although it is scheduled to go into effect on July 1, 2005 when the new comprehensive CAP waiver is proposed to begin, actual implementation will occur when an individual's new Plan of Care at the time of their Continued Needs Review (CNR) is being reviewed at the LME Authorization Unit. If there is a request to increase an individual's services after July 1, but prior to their CNR, the UR tool will be implemented at that time.
The lowest SNAP index score on the UR criteria is 12. It is possible for a person to receive a score of 11. Is this a misprint on the UR tool?	No, it isn't a misprint. It is possible for an individual to receive a SNAP index score of 11; however it is highly unlikely that a person with an index score of 11 meets the ICF-MR level of care criteria, which is a requirement to be eligible for waiver funding.
The proposed tool will reduce my family member's services drastically. Why is the State wanting to do this?	The tool is intended to ensure that individual's are authorized to receive the services and supports they need based on their person centered plan. It is important to note that the tool is a guideline only; it is possible that your family member's services will not be impacted.
What are the Enhanced Respite and Enhanced Personal Care services that are on the UR tool? Do they include more skilled staff? How many more hours of care can a person receive if they qualify for the enhanced services?	Individuals whose SNAP index score places them in levels 3 or 4 are assumed to have higher medical and/or behavioral support needs, which in turn means that the workers providing such services require more skills and training. These individuals are eligible to receive the enhanced services. The hours of services a person is *anticipated* to need is reflected on the UR tool.

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How does the tool accommodate the individual who requires a significant amount of care, has aging parents with no natural supports in the area to help out, and whose service needs are greater than the maximum hours on the tool? Will there be exceptions?	The person centered Plan of Care should reflect services based on the individual's unique needs and situation, which includes the amount of support the family is able to provide. The plan reviewer at the LME should be able to have a clear picture of the individual, their support system, and service and support needs after reading a well written person centered Plan of Care. Since the tool is a **guideline**, not an absolute, there is no need for an exception process. The LME approves and denies services based on the Plan and the tool. Should services be denied, the consumer/family/guardian must be given their appeal rights.
Why do the Respite and Personal care hours increase at each level when the maximum hours of Home and Community Support are the same for each level? Why would a child in school need the same number of hours as a child out of school? Why would a person with very mild deficits needs as many training hours as a person with more severe deficits?	In the original draft of the tool, the number of hours an individual is eligible to received Home and Community Supports, Supported Employment, Day Supports and Developmental Therapies varied by SNAP index level. Stakeholders (families, providers, advocates, LMEs) who reviewed the draft requested that the hours of these services be the same at each level to provide the needed supports in the community and at home. The draft was revised to include 120 hours for any combination of habilitation services based on an individual's Plan of Care.
Do the 120 hours include therapy of all types or just Developmental Therapies? If Medicaid denies therapy can exceptions be made to reallocate respite and personal care dollars to be used for therapy when there is evidence of need?	The 120 hours only includes Developmental Therapies. Other specialized therapies such as OT and PT are not subject to this UR tool. Reallocation of Respite and Personal Care dollars to purchase specialized therapies is not permitted.
Respite was previously based on hours per calendar year. Has this been changed to monthly, based on how Respite is indicated on the tool?	The UR tool is being revised to reflect annual usage for Respite.
Why are the Respite hours so low, especially for individuals living in AFLs?	The UR tool has been revised to reflect 578 hours/yr for individuals residing at home and in AFLs.
Why does the tool only go to level 4. What about individuals with a SNAP score of 5?	The four levels are based on the SNAP index score ranges, which is different from the overall SNAP score. An individual with an overall SNAP score of 5 will have an index score that is reflected in level 4 services.

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How will the exchange of habilitation services for more Personal Care help the person living in their own residence who needs a high number of hours of support?	An individual residing in their own residence might not need the degree of training provided through Home and Community Supports, but instead needs more general support care. This is where the exchange of HCS for PC can be beneficial for the individual.
If an individual must meet ICF-MR level of care to qualify for CAP-MR/DD, how are cuts in hours of service justifiable in ICF consumers receive 24 hour around the clock care?	There is a difference between meeting ICF-MR level of care and the requirement that individuals residing in ICF-MR facilities receive 24 hour services. Under Federal regulations, the waiver cannot provide room and board or provide services when an individual is asleep.
The UR tool is supposed to be a guideline, but the fear is the it will be considered as 'law'. What is the State going to do to ensure misinterpretation/misuse doesn't occur with it's implementation?	The Division recognizes the concern expressed that it will be misinterpreted and not implemented as intended. Statewide training sessions on the tool and other components of the new comprehensive waiver will take place in April and May for LME staff, case managers and service providers. LMEs will be responsible for sharing information about the UR tool with their consumers, families and guardians. In addition, updated information about the UR tool will be posted on the Division website. Incidents of improper implementation of the UR tool should be reported to the Advocacy and Customer Services Team at the Division so that steps can be taken to ensure it's intended use.
I don't understand how the SNAP index score is calculated. Please provide addition detail.	From the grid on the first page of the SNAP form, the sub-domain scores are added together for the raw score. The **raw score** is multiplied by the **overall score**, which is the highest score received in any sub-domain, to give the **index score**. For example: An individual receives a 2 in ten of the eleven sub-domains. In the eleventh sub-domain the individual receives a 4. The **raw score** is 24 (2 x 10 + 4). The person's **overall score** is 4 (the highest score in any sub-domain). The **index score** is 96 (24 x 4).
Why are services for individuals residing in AFLs on the UR tool as licensed residential settings?	Since individuals residing in AFLs are eligible to receive the same residential services as those living in licensed residential settings, it seems most logical to include these 2 groups on the same tool. The tool reflects the availability of Respite to individuals in AFLs.

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How does the UR tool accommodate for children during the summer when school is not in session?	The child's Plan of Care needs to reflect any increased service needs during summer months, school breaks, etc. Increased service needs during these periods must be appropriately reflected on the plan.
What is the justification for the varied hours of Targeted Case Management per level and by where a person resides? Will they be flexible based on an individual's needs? What about when a crisis occurs?	Targeted Case Management has been removed from the UR tool, as it is a State Medicaid Plan service that is available to both waiver and non-waiver consumers. Utilization review will be done by state vendor unless the LME is "deemed" ready by DHHS.
The UR tool indicates services at hours/month, but most services are utilized at hours/week. How will an individual receive the hours of service they need when a month has more than 28 days in it?	The number of hours/month is an average, not an absolute, so there is flexibility.
Some individuals do not have natural supports to provide the care they need beyond what CAP will pay for. How will this be handled with implementation of the UR tool?	The person centered Plan of Care should reflect the type of support a family is able to provide. If the plan is written in this manner, it will be clear to the reviewer at the LME why the individual needs services above the anticipated level based on their SNAP index score.
Which UR tool applies to the adult waiver recipients who resides with their parent and the parent is the CAP worker, the tool for individuals residing in their own home/with natural family or AFL/licensed residential setting?	Regardless of who is providing services, Plans of Care for individuals living with their parents should be reviewed with the UR tool for individuals residing at home.
How will the UR tool take age into account?	The UR tool itself does not take age into consideration. The individual's Plan of Care should take into account service and support needs based to a certain extent based on age.
Are there any guideline within the UR tool for the number of habilitation hours a child can receive on a school day?	No. A child's service and support needs on a school day should be clearly documented in the Plan of Care.
At the service definition training on 1/27/05 it was stated that Developmental Therapies cannot be used by CAP recipients. Is this true?	The availability of Developmental Therapies to CAP-MR/DD recipients is under discussion at the Division.
Will there be a mediation process at the State level, as opposed to the time consuming Medicaid appeals process, for families who come to an impasse with the LME?	One of the many functions of the Division's Customer Services Team is to mediate when LMEs, providers, consumers or families are not in agreement with services. A distinct mediation process will not be developed for the waiver.

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If an individual's SNAP index justifies a greater number of hours of service than the individual or his family/guardian desires, a lesser number of hours be provided if documented in the Plan of Care?	Yes. Some individuals have a significant amount of natural supports or other services than assist in meeting their care needs. As a result, they don't need the anticipated amount of waiver services per the UR tool. It's important that the Plan of Care reflect these non-waiver supports so the plan reviewer at the LME sees that the individual's health, safety and wellbeing are being addressed.
Can unused services be carried over to the next month?	Services are delivered at the frequency indicated on the Plan of Care. Unused services cannot be carried over to the next month.
Will habilitative services be restricted on a daily basis for adults and children based on the UR tool?	Habilitation services will not be restricted on a daily basis on the UR tool, but are to be provided according to an individual's needs as reflected on the Plan of Care.
Please clarify what is covered under each of the Targeted Case Management areas- initial plan development, annual reassessment, ongoing. Can the authorized hours per category that go unused be applied to another category?	Targeted Case Management has been deleted from the UR tool
Is there a possibility that the UR tool will shift from being guidelines to limits?	The Division has no intention of shifting the tool from being a guideline to a means of establishing service limits.
Will there be documentation requirements in situations where the services exceed the UR recommended limits?	The only documentation requirements are that the individual's Plan of Care clearly reflects the increased service and support needs. The Division may ask LMEs to send in data regarding individuals whose service needs exceed the level of service their SNAP index score reflects as a means of tracking the accuracy of the UR tool during the first year of implementation. This will not, however, be the basis for "second guessing" LME decisions.
The UR tool does not include service limits. Is this an oversight?	Service limits will be reflected in the service definitions in the CAP-MR/DD Manual that is under development.

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The UR tool appears to penalize people living at home and provides more services to individuals living in residential settings. Why is this?	Actually, individuals residing at home have more service and support options that individuals who reside in a paid living environment. They are eligible to receive Respite and Personal Care, which is not available to individuals in licensed residential setting and AFLs (with exception of Respite in the AFL). Where natural supports exist, it is expected they will be provided prior to requesting waiver services. The Plan of Care should reflect the extent that these supports are available. LME reviewers must consider the degree of supports that are available when services exceeds the anticipated level of need.
Previously, the Division said that budgets exceeding $50,000 would need a second level review at the LME and budgets over $85,000 would need Division approval. The 2/7 memo from Mike Moseley indicates LMEs will have discretion to approve. Which is correct?	LMEs have the discretion to approve Plans of Care that contain services and supports that exceed the number of hours indicated on the UR tool; however budgets exceeding $50,000 will be subject to a second level review at the LME, and budgets exceeding $85,000 will need to come to the Division for approval.
Will the SNAP index score be the only criteria for eligibility for services?	At this point, the SNAP index is the only score from a formal assessment that will be used in conjunction with the UR tool. At a later time, it is anticipated that the Supports Intensity Scale (SIS) will also be incorporated.
The entrance criteria for Targeted Case Management states that an individual cannot be eligible for CAP-MR/DD, yet the service is included on the UR tool. Please clarify.	A previous draft of the Targeted Case Management service definition stated that waiver recipients are not eligible for the service; however the criteria has been changed to include waiver recipients.
With the SNAP index score being such big factor in the UR process- Should the SNAP be done in collaboration with service providers who knows the person well or just by the case manager alone? What if there is disagreement with the SNAP score?	When completing the SNAP, the case manager should incorporate information collected from those who know the individual. Should the individual's person centered plan team members not be in agreement with the SNAP score, the individual's SNAP information is sent to the LME for review, with the LME's customer service staff providing mediation if necessary.
Are residential services attached to a level on the UR tool?	Individuals residing in provider operated residential settings or AFLs are eligible to receive the waiver service Residential Supports. The service has four reimbursement rates which are tied to the levels on the UR tool.

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The SNAP index score automatically gives infants and children a higher score than adults. How will this be addressed?	The SNAP index score is an anticipator, not the determinator, of service needs. The LME authorization staff cannot merely rely on the index score. The Plan of Care must clear document the service needs based on many factors, including age.
Please consider changing the name of the tool from Utilization Review Criteria to Utilization Review Guidelines to emphasize that they are just that, *guidelines.*	Excellent suggestion. Done!